

Hospice SAF

<u>Variable Name</u>	<u>Variable Label</u>
ACRTN_DT	CLAIM ACCRETION DATE
ACRTN_NM	CLAIM ACCRETION NUMBER
ACTIONCD	FI CLAIM ACTION CODE
APCPPS01 – APCPPS45	REVENUE CENTER APC/HIPPS CODE
APRVL_DT	FI CLAIM PROCESS DATE
BENE_DOB	BENEFICIARY BIRTHDATE
CANCELCD	FI REQUESTED CLAIM CANCEL REASON CODE
CLM_TYPE	CLAIM TYPE CODE
CMS_VRFY	HCFA number verified by CMS
CNDND01 – CNDND30	CONDITION TRAILER INDICATOR CODE
DAILY_DT	DAILY PROCESS DATE
DEMOIND1 – DEMOIND5	DEMONSTRATION TRAILER INDICATOR CODE
DGNS_E	CLAIM DIAGNOSIS E CODE
DGNSCD01 – DGNSCD10	CLAIM DIAGNOSIS CODE
DGNSND01 – DGNSND10	DIAGNOSIS TRAILER INDICATOR CODE
DISP_CD	CLAIM DISPOSITION CODE
DSCHRGDT	BENEFICIARY DISCHARGE DATE
DSCTND01 – DSCTND45	REVENUE CENTER DISCOUNT INDICATOR CODE
EDITCD01 - EDITCD13	EDIT CODE
EDITDISP	EDIT DISPOSITION CODE
EDTND01 - EDTND13	EDIT TRAILER INDICATOR CODE
EXHST_DT	MEDICARE BENEFITS EXHAUSTED DATE
FAC_TYPE	CLAIM FACILITY TYPE CODE
FREQ_CD	CLAIM FREQUENCY CODE
FROM_DT	CLAIM FROM DATE
FRWRD_DT	CWF FORWARDED DATE
HCPCSD01 – HCPCSD45	PROCEDURE CODING SYSTEM CODE
HOSPCPRD	BENEFICIARY HOSPICE PERIOD COUNT
HSCONCNT	HOSPICE CLAIM RELATED CONDITION CODE COUNT
HSDEMCNT	HOSPICE CLAIM DEMONSTRATION ID COUNT
HSDGNCNT	HOSPICE CLAIM DIAGNOSIS CODE COUNT
HSEDCNT	HOSPICE NCH EDIT CODE COUNT

Hospice SAF

Variable Name

Variable Label

HSMCOCNT	HOSPICE MCO PERIOD COUNT
HSOCRCNT	HOSPICE CLAIM RELATED OCCURRENCE CODE COUNT
HSPATCNT	HOSPICE NCH PATCH CODE COUNT
HSPCSTRT	CLAIM HOSPICE START DATE
HSPLNCNT	HOSPICE CLAIM HEALTH PLANID COUNT
HSPRCNT	HOSPICE CLAIM PROCEDURE CODE COUNT
HSREVCNT	HOSPICE REVENUE CENTER CODE COUNT
HSSPNCNT	HOSPICE CLAIM OCCURRENCE SPAN CODE COUNT
HSVALCNT	HOSPICE CLAIM VALUE CODE COUNT
LINECNT	CLAIM TOTAL LINE COUNT
MCFFDT1	MCO PERIOD EFFECTIVE DATE
MCFFDT2	MCO PERIOD EFFECTIVE DATE
MCOIND1	MCO TRAILER INDICATOR CODE
MCOIND2	MCO TRAILER INDICATOR CODE
MCOOPTN1	MCO OPTION CODE
MCOOPTN2	MCO OPTION CODE
MCOPDSW	CLAIM MCO PAID SWITCH
MCTRMDT1	MCO TERMINATION DATE
MCTRMDT2	MCO TERMINATION DATE
MDFCD101 - MDFCD145	REVENUE CENTER HCPCS INITIAL MODIFIER CODE
MDFCD201 - MDFCD245	REVENUE CENTER HCPCS SECOND MODIFIER CODE
MDFCD301 - MDFCD345	REVENUE CENTER HCPCS THIRD MODIFIER CODE
MDFCD401 - MDFCD445	REVENUE CENTER HCPCS FOURTH MODIFIER CODE
MDFCD501 - MDFCD545	REVENUE CENTER HCPCS FIFTH MODIFIER CODE
MQA_RIC	MQA RIC CODE
MQAQUERY	MQA QUERY PATCH CODE
MS_CD	CWF BENFICIARY MEDICARE STATUS CODE
NOPAY_CD	CLAIM MEDICARE NON PAYMENT REASON CODE
OCRCDD01 – OCRCDD30	CLAIM RELATED OCCURRENCE CODE
OCRCDDT01 – OCRCDDT30	CLAIM RELATED OCCURENCE DATE
OCRCND01 – OCRCND30	OCCURRENCE TRAILER INDICATOR CODE
OTAF_101 - OTAF_145	REVENUE CENTER OTAF PAYMENT CODE - PRIMARY PAYER

Hospice SAF

<u>Variable Name</u>	<u>Variable Label</u>
OTAF_201 - OTAF_245	REVENUE CENTER OTAF PAYMENT CODE - SECONDARY PAYER
PCKGND01 – PCKGND45	REVENUE CENTER PACKAGING INDICATOR CODE
PDGNS_CD	CLAIM PRINCIPAL DIAGNOSIS CODE
PE_RIC	PAYMENT AND EDIT RECORD IDENTIFICATION CODE
PLNDCD1	CLAIM HEALTH PLAN ID CODE
PLNDCD2	CLAIM HEALTH PLAN ID CODE
PLNDCD3	CLAIM HEALTH PLAN ID CODE
PLNDND1	HEALTH PLAN ID TRAILER INDICATOR CODE
PLNDND2	HEALTH PLAN ID TRAILER INDICATOR CODE
PLNDND3	HEALTH PLAN ID TRAILER INDICATOR CODE
PMT_AMT	CLAIM PAYMENT AMOUNT
PMTTHD01 – PMTTHD45	REVENUE CENTER PAYMENT METHOD INDICATOR CODE
PPS_IND	CLAIM PPS INDICATOR CODE
PRCDRCD1 – PRCDRCD6	CLAIM PROCEDURE CODE
PRCDRDT1 – PRCDRDT6	CLAIM PROCEDURE PERFORMED DATE
PRCDRND1 – PRCDRND6	PROCEDURE TRAILER INDICATOR CODE
PRICNG01 – PRICNG45	REVENUE CENTER PRICING INDICATOR CODE
PRO_DT	CLAIM PRO PROCESS DATE
PRPAY_CD	PRIMARY PAYER CODE
PRPAYAMT	PRIMARY PAYER CLAIM PAID AMOUNT
PTCHCD01 – PTCHCD30	PATCH CODE
PTCHDT01 – PTCHDT30	PATCH APPLIED DATE
PTCHND01 – PTCHND30	PATCH TRAILER INDICATOR CODE
PTNRSP01 – PTNRSP45	PATIENT RESPONSIBILITY PAYMENT AMOUNT
PUBLICID	PUBLIC USE ID
QUERY_CD	CLAIM QUERY CODE
RACE	BENEFICIARY RACE CODE
RBNPMT01 – RBNPMT45	REVENUE CENTER BENEFICIARY PAYMENT AMOUNT
RCPT_DT	CLAIM RECEIPT DATE
RDCDCN01 – RDCDCN45	REVENUE CENTER REDUCED COINSURANCE AMOUNT
REC_LEN	RECORD LENGTH COUNT
REC_LVL	NEAR-LINE RECORD VERSION CODE

Hospice SAF

Variable Name

REV_DT01 - REV_DT45
REVIND01 - REVIND45
REVPMT01 - REVPMT45
RIC_CD
RLTCND01 - RLTCND30
RPRPMT01 - RPRPMT45
RVBLD01 - RVBLD45
RVCHRG01 - RVCHRG45
RVCNTR01 - RVCNTR45
RVDDCD01 - RVDDCD45
RVDTBL01 - RVDTBL45
RVMSP101 - RVMSP145
RVMSP201 - RVMSP245
RVNCVR01 - RVNCVR45
RVNS101 - RVNS145
RVNS201 - RVNS245
RVNS301 - RVNS345
RVNS401 - RVNS445
RVPCHG01 - RVPCHG45
RVRT01 - RVRT45
RVUNT01 - RVUNT45
SCHLD_DT
SEX
SGMT_CNT
SGMT_NUM
SGMTLINE
SPANCD01 - SPANCD10
SPNFRM01 - SPNFRM10
SPNND01 - SPNND10
SPNTHR01 - SPNTHR10
STUS_CD
THRU_DT

Variable Label

REVENUE CENTER DATE
REVENUE CENTER TRAILER INDICATOR CODE
REVENUE CENTER PAYMENT AMOUNT
NEAR-LINE RECORD IDENTIFICATION CODE
CLAIM RELATED CONDITION CODE
REVENUE CENTER PROVIDER PAYMENT AMOUNT
REVENUE CENTER BLOOD DEDUCTIBLE AMOUNT
REVENUE CENTER TOTAL CHARGE AMOUNT
REVENUE CENTER CODE
REVENUE CENTER DEDUCTIBLE COINSURANCE CODE
REVENUE CENTER CASH DEDUCTIBLE
FIRST MEDICARE SECONDARY PAYER PAID AMOUNT
SECOND MEDICARE SECONDARY PAYER PAID AMOUNT
REVENUE CENTER NON-COVERED CHARGE AMOUNT
REVENUE CENTER FIRST ANSI CODE
REVENUE CENTER SECOND ANSI CODE
REVENUE CENTER THIRD ANSI CODE
REVENUE CENTER FOURTH ANSI CODE
REVENUE CENTER PROFESSIONAL COMPONENT AMOUNT
REVENUE CENTER RATE AMOUNT
REVENUE CENTER UNIT COUNT
CLAIM SCHEDULED PAYMENT DATE
BENEFICIARY SEX IDENTIFICATION CODE
CLAIM TOTAL SEGMENT TYPE
CLAIM SEGMENT NUMBER
CLAIM SEGMENT LINE COUNT
CLAIM OCCURRENCE SPAN CODE
CLAIM OCCURRENCE SPAN FROM DATE
SPAN TRAILER INDICATOR CODE
CLAIM OCCURRENCE SPAN THROUGH DATE
PATIENT DISCHARGE STATUS
CLAIM THROUGH DATE

Hospice SAF

Variable Name

TOT_CHRG
TRANS_CD
TRTMT_CD
TYPESRVC
UTIL_DAY
VAL_CD01 - VAL_CD36
VALAMT01 - VALAMT36
VALIND01 - VALIND36
WGDJ01 - WGDJ45
WKLY_DT

Variable Label

CLAIM TOTAL CHARGE AMOUNT
CLAIM TRANSACTION CODE
CLAIM EXCEPTED/NONEXCEPTED MEDICAL TREATMENT CODE
CLAIM SERVICE TYPE CODE
CLAIM UTILIZATION DAY COUNT
CLAIM VALUE CODE
CLAIM VALUE AMOUNT
VALUE TRAILER INDICATOR CODE
COINSURANCE/WAGE ADJUSTED COINSURANCE AMOUNT
WEEKLY CLAIM PROCESSING DATE